

NAME (LAST)	(FIRST)	(M.I.)
BRESKA VICTOR		

EMPLOYEE NO.	SOCIAL SECURITY NO.
[REDACTED]	[REDACTED]

DATE OF BIRTH			DATE OF APPOINTMENT		
(DAY)	(MONTH)	(YEAR)	(DAY)	(MONTH)	(YEAR)
[REDACTED]		1948	04	JULY	1966

DATE OF PHOTOGRAPH:
JANUARY 1974



3-62,328 (12/73)

PERSONNEL PHOTOGRAPH/CHICAGO POLICE

NAME <u>Breska, Victor J.</u>		EMPLOYEE NO. <u>[REDACTED]</u>	
HOME ADDRESS STREET <u>[REDACTED]</u>		HOME ADDRESS STREET <u>[REDACTED]</u>	
CITY <u>Chicago, Ill.</u>		CITY <u>[REDACTED]</u>	
HEIGHT <u>5' 10"</u>	WEIGHT <u>193</u>	DATE MO <u>[REDACTED]</u> YEAR <u>1948</u>	
COLOR EYES <u>Blue</u>	COLOR HAIR <u>Brown</u>	PHYSICAL DISABILITIES <u>None</u>	
AL <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DATE <u>[REDACTED]</u>	DIVORCED <input type="checkbox"/> DATE <u>[REDACTED]</u>	WIDOWED <input type="checkbox"/> DATE <u>[REDACTED]</u>	
EDUCATION	GRADE SCHOOL	YEARS <u>8</u>	A. C. V. MAJOR DEGREE YEAR
	HIGH SCHOOL	YEARS <u>2</u>	
	COLL	YEARS <u>2</u>	
	OTHER	YEARS <u>[REDACTED]</u>	
MILITARY SERVICE: FROM <u>[REDACTED]</u> TO <u>[REDACTED]</u> BRANCH <u>[REDACTED]</u> RANK <u>[REDACTED]</u> TYPE DISCH. <u>[REDACTED]</u>			
SEPARATIONS <span style="float: right;">38525</span>			
DATE	TYPE	REINSTATEMENT DATE	DATE
NAME <u>Mr. [REDACTED]</u> ADDRESS <u>[REDACTED]</u>		TELEPHONE NO. <u>[REDACTED]</u>	
RELATIONSHIP <u>[REDACTED]</u>			
NAME <u>[REDACTED]</u> ADDRESS <u>[REDACTED]</u>		TELEPHONE NO. <u>[REDACTED]</u>	
RELATIONSHIP <u>[REDACTED]</u>			
APPT. <u>9 Dec. 1968</u>	DATE OF TEMPORARY APPT. <u>7/4/66 (Cadet)</u>		
[REDACTED]			
LAST NAME <u>Breska</u>	FIRST NAME <u>Victor</u>	MIDDLE NAME <u>John</u>	STAR NO. <u>5308 5325</u> EMPLOYEE NO. <u>[REDACTED] M</u>

2000 SWORN TIME &  
ATTENDANCE RECORD

BRESKA VICTOR J # 20439  
RES 008 EMP  
9165 UNIT 640 SSN  
CSD 11DEC68 SEN 11DEC68

Address

STAR NO.		PERSONAL DAY	ACCT. FWD.	VAC.
STAR NO.		PERSONAL DAY	ACCT. FWD.	VAC.
CYCLE 11	11cont	ACTUAL OVERT.	COMP. TIME HOURS	11.5
ACTUAL OVERT.		COMP. TIME		
PAY HOURS				
CYCLE 12	12	ACTUAL OVERT.	COMP. TIME HOURS	12.5
ACTUAL OVERT.		COMP. TIME		
PAY HOURS				
CYCLE 13	13	ACTUAL OVERT.	COMP. TIME HOURS	13.5
ACTUAL OVERT.		COMP. TIME		
PAY HOURS				
CYCLE 14	14	ACTUAL OVERT.	COMP. TIME HOURS	14.5
ACTUAL OVERT.		COMP. TIME		
PAY HOURS				
CYCLE 15	15	ACTUAL OVERT.	COMP. TIME HOURS	15.5
ACTUAL OVERT.		COMP. TIME		
PAY HOURS				
CYCLE 16	16	ACTUAL OVERT.	COMP. TIME HOURS	16.5
ACTUAL OVERT.		COMP. TIME		
PAY HOURS				
CYCLE 17	17	ACTUAL OVERT.	COMP. TIME HOURS	17.5
ACTUAL OVERT.		COMP. TIME		
PAY HOURS				
CYCLE 18	18	ACTUAL OVERT.	COMP. TIME HOURS	18.5
ACTUAL OVERT.		COMP. TIME		
PAY HOURS				
CYCLE 19	19	ACTUAL OVERT.	COMP. TIME HOURS	19.5
ACTUAL OVERT.		COMP. TIME		
PAY HOURS				
CYCLE 20	20	ACTUAL OVERT.	COMP. TIME HOURS	20.5
ACTUAL OVERT.		COMP. TIME		
PAY HOURS				



BRESKA VICTOR J # 20439  
RES 003 EMP

RES 008 EMP  
9165 UNIT 640 SSN  
CSD 11DEC68 SEW 11DEC68

ADDRESS

[illegible]



BRESKA VICTOR J

1999SWORNT  
ATTENDANCE FOR

# 20439

RES 008 EMP

9165 UNIT 640 SSN  
CSO 11DEC68 SEN 11DEC68

ADDRESS

SOCIAL SECURITY NO.

SENIORITY DATE

STAR NO.

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1999 SWORN TIME & ATTENDANCE RECORD

JIAL SECURITY NO

SENIORITY DATE

STAR NO.

3FD GRANTED

PERSONAL DAYS

ACC FURLO

ADDRESS  
9165 UNIT 640 SSN [REDACTED]  
CSD 11DEC68 SEN 11DEC68

CYCLE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600	601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650	651	652	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678	679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694	695	696	697	698	699	700	701	702	703	704	705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744	745	746	747	748	749	750	751	752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768	769	770	771	772	773	774	775	776	777	778	779	780	781	782	783	784	785	786	787	788	789	790	791	792	793	794	795	796	797	798	799	800	801	802	803	804	805	806	807	808	809	810	811	812	813	814	815	816	817	818	819	820	821	822	823	824	825	826	827	828	829	830	831	832	833	834	835	836	837	838	839	840	841	842	843	844	845	846	847	848	849	850	851	852	853	854	855	856	857	858	859	860	861	862	863	864	865	866	867	868	869	870	871	872	873	874	875	876	877	878	879	880	881	882	883	884	885	886	887	888	889	890	891	892	893	894	895	896	897	898	899	900	901	902	903	904	905	906	907	908	909	910	911	912	913	914	915	916	917	918	919	920	921	922	923	924	925	926	927	928	929	930	931	932	933	934	935	936	937	938	939	940	941	942	943	944	945	946	947	948	949	950	951	952	953	954	955	956	957	958	959	960	961	962	963	964	965	966	967	968	969	970	971	972	973	974	975	976	977	978	979	980	981	982	983	984	985	986	987	988	989	990	991	992	993	994	995	996	997	998	999	1000
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1998 SWORN, THE  
ATTENDANCE RECORD

# 20439

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Sign:

1998 SWORNT ATTENDANCE

ADDRESS 9165 UNIT 640 SSN [REDACTED] RES 008 EMP [REDACTED] # 20439

CSU I1DEC68 SEN I1DEC68

SOCIAL SECURITY NO										SENIORITY DATE			STAR NO.		BFD GRANTED		PERSONAL DAYS		ACC FURLO	
V										FM/AN/SN			F.L.S.A.		PAID OVERTIME		F.L.S.A.		VAC TIME	
BALANCE FORWARD										P			ACTUAL TIME		OVERTIME		BALANCE FORWARD		OTHER	
UNIT										OUT OF GRADE			F.L.S.A.		F.L.S.A.		BALANCE FORWARD		F.L.S.A.	
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23 March 2000

The resignation of JOHN P. SULLIVAN, Employee # [REDACTED] Unit 701, from the position of Commander in the Department of Police is accepted for pension purposes, effective close of business 14 March 2000.

The resignation of MICHAEL P. McCLUSKEY, Employee # [REDACTED] Unit 073, from the position of Youth Investigator in the Department of Police is accepted for pension purposes, effective close of business 15 March 2000.

The resignation of EDDIE C. HICKS, Employee # [REDACTED] Unit 123, from the position of Sergeant in the Department of Police is accepted for pension purposes, effective 14 March 2000.

The resignation of THOMAS P. KELLY, Employee # [REDACTED] Unit 146, from the position of Traffic Specialist in the Department of Police is accepted for pension purposes, effective close of business 15 March 2000.

The resignation of HARRY J. COLLINS, Employee # [REDACTED] Unit 650, from the position of Detective in the Department of Police is accepted for pension purposes, effective close of business 13 March 2000.

The resignation of VICTOR J. BRESKA, Employee # [REDACTED] Unit 640, from the position of Detective in the Department of Police is accepted for pension purposes, effective close of business 15 March 2000.

The resignation of FREDERICK STONE, Employee # [REDACTED] Unit 630, from the position of Detective in the Department of Police is accepted for pension purposes, effective close of business 15 March 2000.

The resignation of PHILLIP BUE, Employee # [REDACTED] Unit 630, from the position of Detective in the Department of Police is accepted for pension purposes, effective close of business 15 March 2000.

The resignation of LAWRENCE J. POLI, Employee # [REDACTED] Unit 650, from the position of Detective in the Department of Police is accepted for pension purposes, effective close of business 15 March 2000.

The resignation of JOSEPH M. DANZL, Employee # [REDACTED] Unit 606, from the position of Detective in the Department of Police is accepted for pension purposes, effective close of business 15 March 2000.

The resignation of CHARLES L. FORD, Employee # [REDACTED] Unit 630, from the position of Detective in the Department of Police is accepted for pension purposes, effective close of business 15 March 2000.

The resignation of MICHAEL D. MALONEY, Employee # [REDACTED] Unit 610, from the position of Detective in the Department of Police is accepted for pension purposes, effective close of business 20 March 2000.

The resignation of PAUL S. SMAJO, Employee # [REDACTED] Unit 146, from the position of Police Officer in the Department of Police is accepted for pension purposes, effective close of business 15 March 2000.

The resignation of DONALD J. ADE, Employee # [REDACTED] District 022, from the position of Police Officer in the Department of Police is accepted for pension purposes, effective close of business 15 March 2000.

The resignation of THOMAS HARDER, Employee # [REDACTED] District 017, from the position of Police Officer in the Department of Police is accepted for pension purposes, effective close of business 15 March 2000.

The resignation of ROOSEVELT WILSON JR., Employee # [REDACTED] District 011, from the position of Crossing Guard in the Department of Police is accepted, effective 28 February 2000.

The resignation of SHARON KAY WONG, Employee # [REDACTED] Unit 113, from the position of Investigator II OPS in the Department of Police is accepted, effective 28 February 2000.

The resignation of JOYCE WILLS, Employee # [REDACTED] LOA, from the position of Senior Data Entry Operator in the Department of Police is accepted, effective 13 March 2000.

The resignation of JOHN A. CLEJNICZAK, Employee # [REDACTED] Unit 166, from the position of Latent Print Examiner in the Department of Police is accepted for pension purposes, effective close of business 13 March 2000.

The resignation of FRANCES K. SUMLIN, Employee # [REDACTED] LOA, from the position of Crossing Guard in the Department of Police is accepted for pension purposes, effective 13 March 2000.

Terry G. Hillard  
Superintendent of Police

Authenticated: [REDACTED]  
Distribution: E

PERSONNEL ORDER NO. 2000-73  
"B" series Employment

PERSONNEL ACTION REQUEST  
CHICAGO POLICE DEPARTMENT

1 March 2000

PERSONNEL DIV.  
USE ONLY

MEMBER TO BE AFFECTED (LAST NAME - FIRST - M.I.)

STAR/BADGE NO

EMPLOYEE NO

UNIT ASSIGNED

EMPLOYMENT

RECORDS

BRESKA, Victor J.

20439

[REDACTED]

640

CLASS & PAY

EFFECTIVE DATE

JOB TITLE

SOCIAL SECURITY NO

BONDS & INSUR

JACKET FILE

16 Mar. 00

Detective

[REDACTED]

TERMINAL OPERATIONS

MEDICAL

TYPE OF ACTION

CHECK TYPE OF ACTION HERE (DO NOT CHECK MORE THAN ONE)	INFORMATION REQUIRED (SPECIFY IN "REMARKS SECTION" BELOW)	SIGNATURES REQUIRED
EXCUSED WITHOUT PAY - DISCIPLINARY	GIVE DATE ACTION IS EFFECTIVE, CIRCUMSTANCES & C R NO.	UNIT C O
EXCUSED WITHOUT PAY - NON-DISCIPLINARY	GIVE DATE ACTION IS EFFECTIVE & CIRCUMSTANCES	UNIT C O
ABSENCE WITHOUT PAY - AWOP	GIVE DATE ACTION IS EFFECTIVE & CIRCUMSTANCES STATE IF MEMBER NOTIFIED SUPERVISOR OR NOT	UNIT C O
TERMINATION - JOB ABANDONMENT	GIVE DATE F.O.P. - ACTION TAKEN AFTER 4 CONSECUTIVE WORKDAYS AWOP AFSCME & UNIT II - ACTION TAKEN AFTER 5 CONSECUTIVE WORKDAYS AWOP	UNIT C O AREA CHIEF OR DIVISION C O
LEAVE, DISABILITY PENSION - SWORN ONLY	ATTACH MEDICAL REPORTS (COMPLETE REVERSE SIDE)	MEMBER, MEDICAL DIRECTOR
LEAVE, MILITARY (PAID ENCAMPMT - 14 DAYS MAX.)	GIVE DATES, ATTACH COPY OF OFFICIAL ORDERS (COMPLETE REVERSE SIDE)	MEMBER, UNIT C O, AREA CHIEF OR DIVISION C O
LEAVE, MILITARY - WITHOUT PAY	GIVE DATES, ATTACH COPY OF OFFICIAL ORDERS (COMPLETE REVERSE SIDE) IF OVER 29 DAYS, ALSO ATTACH PER-73, CITY REQUEST FOR LEAVE, AND PER-78, EXIT INTERVIEW REPORT	MEMBER, UNIT C O, AREA CHIEF OR DIVISION C O
UNPAID ABSENCE (29 DAYS AND UNDER) - NO INSURANCE BENEFITS	GIVE REASON & RETURN DATE (COMPLETE REVERSE SIDE)	MEMBER, UNIT C O, AREA CHIEF OR DIVISION C O
LEAVE, OTHER (30 DAYS AND OVER)	GIVE REASON & LENGTH OF LEAVE REQUESTED (COMPLETE REVERSE SIDE) ATTACH PER-73, CITY REQUEST FOR LEAVE, AND PER-78, EXIT INTERVIEW REPORT	MEMBER, UNIT C O, AREA CHIEF OR DIVISION C O, DEP. SUPT., B A S
LEAVE, EXTENSION OF	GIVE DATES & REASON (COMPLETE REVERSE SIDE) ATTACH PER-73, CITY REQUEST FOR LEAVE	MEMBER
MARRIAGE LEAVE	GIVE DATES REQUESTED FOR LEAVE, DATE OF CEREMONY & SPOUSE'S NAME	MEMBER, UNIT C O
NAME CHANGE	GIVE NEW NAME IF OTHER THAN BY MARRIAGE, ATTACH VERIFICATION/ EXPLANATION	MEMBER, UNIT C O
RETIREMENT	GIVE DATE ATTACH PER-78, EXIT INTERVIEW REPORT AS SOON AS RESIGNATION IS ACTED ON BY THE COMMANDING OFFICER, THE COMMANDING OFFICER WILL NOTIFY THE INTERNAL AFFAIRS DIV. & PAYROLL/ FINANCE DIVISION BY FAX TELEPHONE	MEMBER, UNIT C O, AREA CHIEF OR DIVISION C O
RESIGNATION	GIVE DATE & REASON	MEMBER, UNIT C O, AREA CHIEF OR DIVISION C O
RECOGNIZED OPENING BID (FOR)	COMPLETE SWORN PERSONNEL TRANSFER & ASSIGNMENT SECTION BELOW	MEMBER
RECOGNIZED VACANCY BID (FOR)	COMPLETE SWORN PERSONNEL TRANSFER & ASSIGNMENT SECTION BELOW	MEMBER
TRANSFER REQUEST	COMPLETE SWORN PERSONNEL TRANSFER & ASSIGNMENT SECTION BELOW	MEMBER, UNIT C O, AREA CHIEF OR DIVISION C O, DEP. SUPT.
SEPARATION TO ACCEPT OTHER CITY POSITION/ TITLE	GIVE EFFECTIVE DATE, NEW JOB TITLE & NAME OF NEW CITY DEPARTMENT	MEMBER, UNIT C O, AREA CHIEF OR DIVISION C O
DEATH IN FAMILY	GIVE DATES AND RELATIONSHIP TO DECEASED	UNIT C O

REMARKS SECTION

FILE COPY

Retiring 15 Mar. 2000 to accept pension effective 16 Mar. 2000

FINANCE NOTIFIED: 01 MAR 00 1655 - MARIA RAMIREZ  
IAD NOTIFIED: 01 MAR 00 1655 - PD. CREEDON

SWORN PERSONNEL TRANSFER & ASSIGNMENT SECTION					
UNIT OF ASSIGNMENT REQUESTED	HOME ADDRESS	HOME TELEPHONE NO.	SENIORITY DATE	TITLE CODE	GRADE
DATE ASSIGNED TO PRESENT UNIT	DATE OF BIRTH	<input type="checkbox"/> UNIT NOTICE OF RECOGNIZED OPENING NO.: <input type="checkbox"/> RECOGNIZED VACANCY LISTING TELETYPE MESSAGE NO.:		POSITION REQUESTED	
SIGNATURE OF MEMBER (IF REQUIRED)			SIGNATURES		
<input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> DISAPPROVAL			<input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> DISAPPROVAL		
<input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> DISAPPROVAL			<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		
COMMENTS			I.A.D. CLEARANCE AS OF: 10 MAR 00		

DATA ENTERED  
MAR 09 2000

Records Sect.



# PERSONNEL ACTION REQUEST CHICAGO POLICE DEPARTMENT

MEMBER TO BE AFFECTED (LAST NAME - FIRST - M.I.)

BRESKA, Victor J.

STAR/BADGE NO

20439

TODAY'S DATE

1 March 2000

EMPLOYEE NO

SOCIAL SECURITY NO

UNIT ASSIGNED

640

ROUTING  
PERSONNEL DIV  
USE ONLY

EMPLOYMENT

CLASS & PAY

BONDS & INSUR

TERMINAL  
OPERATIONS

RECORDS

JACKET FILE

MEDICAL

EFFECTIVE DATE

16 Mar. 00

JOB TITLE

Detective

TYPE OF ACTION

CHECK TYPE OF ACTION HERE (DO NOT CHECK MORE THAN ONE)	INFORMATION REQUIRED (SPECIFY IN "REMARKS SECTION" BELOW)	SIGNATURES REQUIRED
EXCUSED WITHOUT PAY - DISCIPLINARY	GIVE DATE ACTION IS EFFECTIVE, CIRCUMSTANCES & C.R. NO	UNIT C.O.
EXCUSED WITHOUT PAY - NON-DISCIPLINARY	GIVE DATE ACTION IS EFFECTIVE & CIRCUMSTANCES	UNIT C.O.
ABSENCE WITHOUT PAY - AWOP	GIVE DATE ACTION IS EFFECTIVE & CIRCUMSTANCES. STATE IF MEMBER NOTIFIED SUPERVISOR OR NOT	UNIT C.O.
TERMINATION - JOB ABANDONMENT	GIVE DATE F.O.P. - ACTION TAKEN AFTER 4 CONSECUTIVE WORKDAYS AWOP AFSCME & UNIT II - ACTION TAKEN AFTER 5 CONSECUTIVE WORKDAYS AWOP	UNIT C.O., AREA CHIEF OR DIVISION C.O.
LEAVE, DISABILITY PENSION - SWORN ONLY	ATTACH MEDICAL REPORTS (COMPLETE REVERSE SIDE)	MEMBER, MEDICAL DIRECTOR
LEAVE, MILITARY (PAID ENCAMPMT - 14 DAYS MAX)	GIVE DATES, ATTACH COPY OF OFFICIAL ORDERS (COMPLETE REVERSE SIDE)	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
LEAVE, MILITARY - WITHOUT PAY	GIVE DATES, ATTACH COPY OF OFFICIAL ORDERS (COMPLETE REVERSE SIDE) IF OVER 29 DAYS, ALSO ATTACH PER-73, CITY REQUEST FOR LEAVE, AND PER-78, EXIT INTERVIEW REPORT	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
UNPAID ABSENCE (29 DAYS AND UNDER) - NO INSURANCE BENEFITS	GIVE REASON & RETURN DATE (COMPLETE REVERSE SIDE)	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
LEAVE, OTHER (30 DAYS AND OVER)	GIVE REASON & LENGTH OF LEAVE REQUESTED (COMPLETE REVERSE SIDE) ATTACH PER-73, CITY REQUEST FOR LEAVE, AND PER-78, EXIT INTERVIEW REPORT	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O., DEP. SUPT., B.A.S.
LEAVE, EXTENSION OF	GIVE DATES & REASON (COMPLETE REVERSE SIDE) ATTACH PER-73, CITY REQUEST FOR LEAVE	MEMBER
MARRIAGE LEAVE	GIVE DATES REQUESTED FOR LEAVE, DATE OF CEREMONY & SPOUSE'S NAME	MEMBER, UNIT C.O.
NAME CHANGE	GIVE NEW NAME. IF OTHER THAN BY MARRIAGE, ATTACH VERIFICATION/ EXPLANATION	MEMBER, UNIT C.O.
RETIREMENT	GIVE DATE ATTACH PER-78, EXIT INTERVIEW REPORT AS SOON AS RESIGNATION IS ACTED ON BY THE COMMANDING OFFICER, THE COMMANDING OFFICER WILL NOTIFY THE INTERNAL AFFAIRS DIV & PAYROLL/FINANCE DIVISION BY FAX TELEPHONE	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
RESIGNATION	GIVE DATE & REASON	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
RECOGNIZED OPENING BID (FOP)	COMPLETE SWORN PERSONNEL TRANSFER & ASSIGNMENT SECTION BELOW	MEMBER
RECOGNIZED VACANCY BID (FOP)	COMPLETE SWORN PERSONNEL TRANSFER & ASSIGNMENT SECTION BELOW	MEMBER
TRANSFER REQUEST	COMPLETE SWORN PERSONNEL TRANSFER & ASSIGNMENT SECTION BELOW	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O., DEP. SUPT.
SEPARATION TO ACCEPT OTHER CITY POSITION/ TITLE	GIVE EFFECTIVE DATE, NEW JOB TITLE & NAME OF NEW CITY DEPARTMENT	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
DEATH IN FAMILY	GIVE DATES AND RELATIONSHIP TO DECEASED	UNIT C.O.

REMARKS SECTION

Retiring 15 Mar. 2000 to accept pension effective 16 Mar. 2000

FINANCE NOTIFIED: 01 MAR 00 1655 - MARIA RAMIREZ

LAD NOTIFIED: 01 MAR 00 1655 - PD. CREEDON

## SWORN PERSONNEL TRANSFER & ASSIGNMENT SECTION

UNIT OF ASSIGNMENT REQUESTED	HOME ADDRESS	HOME TELEPHONE NO	SENIORITY DATE	TITLE CODE	GRADE
DATE ASSIGNED TO PRESENT UNIT	DATE OF BIRTH	<input type="checkbox"/> UNIT NOTICE OF RECOGNIZED OPENING NO.: <input type="checkbox"/> RECOGNIZED VACANCY LISTING TELETYPE MESSAGE NO.:		POSITION REQUESTED	
SIGNATURES					
<input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> DISAPPROVAL		<input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> DISAPPROVAL			
FOR PERSONNEL DIVISION/ BUREAU OF ADMINISTRATIVE SERVICES USE ONLY					
<input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> DISAPPROVAL		<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED			
COMMENTS <input type="checkbox"/> MEMBER NOTIFIED OF LEAVE RETURN POLICY					

**EMERGENCY NOTIFICATION UPDATE**  
CHICAGO POLICE DEPARTMENT

UNIT OF ASSIGNMENT

640

JOB TITLE

DETECTIVE

DATE

21 Sep. 98

INSTRUCTIONS: PLEASE TYPE OR PRINT

MEMBER'S NAME (LAST - FIRST - M.I.)

BRESKA, Victor J.

STAR/BADGE NO.

20439

EMPLOYEE NO.

SOCIAL SECURITY NO.

PRIMARY EMERGENCY NOTIFICATION

[Redacted Primary Emergency Notification Section]

SECONDARY EMERGENCY NOTIFICATION

[Redacted Secondary Emergency Notification Section]

CPD 02.343 (6/96)



5

## NOTICE TO EMPLOYEES - ETHICS RULES

All employees of the City of Chicago owe their primary business/employment loyalty to the city and its citizens. In addition to the obligation to perform duties in a satisfactory manner, there are various ethical restrictions and obligations imposed by the City. Violation of these restrictions and obligations may result in discipline, up to and including discharge.

**Gifts/Money.** You may not accept any anonymous gift. You may not accept gifts from persons or organizations whose City business you are in a position to affect, with the exception of occasional non-cash gifts valued at less than \$50. You may not accept anything of value intended to influence official decisions or actions, or in return for advice on City business or operations. Any gifts you accept on behalf of the City must be reported promptly to the Board of Ethics.

**Dual Employment.** You may not use City time or City-owned property in any non-City employment or business. You may not use or reveal confidential information gained from City employment. The Chicago Police Department has the right to restrict secondary employment for good cause.

**Interest in City Business.** You may not take part in or influence any governmental decisions in which you have an economic interest. You may not have a financial interest, in your name or in the name of any other person, in any contract, work or business of the City. Such a financial interest can include being an employee or consultant in any City business undertaken by an immediate family member.

**Property.** You may not engage in or permit the unauthorized use of City-owned property. You may not have a financial interest in the purchase of City property unless it is sold through public, competitive bidding.

**Relatives.** You may not hire or advocate the hiring of relatives for jobs with the City agency where you are employed. You may not supervise or involve yourself with any City contract that benefits a relative.

These obligations and restrictions are set forth in detail in Chapter 2-156 of the Municipal Code, and in the Personnel Rules of the City. This Notice is intended to describe some of the more common situations covered by the ethics rules; it is not a substitute for a review both of Chapter 2-156 and the Personnel Rules. If you have any questions about your ethical obligations, contact the City of Chicago Board of Ethics, 744-9660.

I hereby acknowledge receipt of a copy of the foregoing notice this \_\_\_\_ day of 28 April, 1996.

Signature: 

Name: VICTOR S. BRESKA *PER*

  
\* You must return a signed copy of this Notice to your department head.

SWORN

Date 2 Oct 95

**ACKNOWLEDGEMENT OF  
RESPONSIBILITY**

I VICTOR J. BRESKA do hereby acknowledge receipt of a Chicago Police Department photo identification card. I understand that I am bound by all Department directives regarding the possession, display and use of this card.

Signature

Print Name

VICTOR J. BRESKA

SS#

Unit

640

21 June 1977

PERSONNEL ORDER NO. 77-383  
"B" series Employment

The following Patrol Specialist is restored to his Career Service rank of Police Officer at his own request and assigned as indicated:

<u>Empl. #</u>	<u>Name</u>	<u>Star</u>	<u>Unit</u>
	BRESKA, VICTOR J.	5325	012 12th Dist.

Effective 1 July 1977 for operational and payroll purposes.

James M. Rochford  
Superintendent of Police

Authenticated: 

DISTRIBUTION: E

PERSONNEL ORDER NO. 77-383  
"B" series Employment

# PERSONNEL ACTION REQUEST

CHICAGO  
POLICE

INSTRUCTIONS: Use a separate form for each action.

NO.

MEMBER TO BE AFFECTED <b>BRESKA, Victor J.</b>	(LAST FIRST MI) <b>J.</b>	STAR NO. <b>5325</b>	ROUTING PERSONNEL DIV. USE ONLY	EMPLOYMENT	PAYROLL
JOB TITLE <b>PATROL SPECIALIST</b>	DISTRICT/UNIT <b>012</b>	CLASS. & PAY		KARDEX	
EFFECTIVE DATE <b>1 JULY 1977</b>	TODAY'S DATE <b>25 APRIL 1977</b>	BONDS & INS.		JACKET FILE	
		STRENGTH DECK		MEDICAL	

CHECK TYPE OF ACTION HERE (DO NOT CHECK MORE THAN ONE)	TYPE OF ACTION	INFORMATION REQUIRED (SPECIFY IN "REMARKS SECTION" BELOW)	SIGNATURES REQUIRED
EXCUSED W/O PAY—DISCIPLINARY (58)	GIVE DATE ACTION IS EFFECTIVE; CIRCUMSTANCES, AND C.R. NO.		UNIT C.O.
EXCUSED W/O PAY—NON-DISCIPLINARY (89)	GIVE DATE ACTION IS EFFECTIVE AND CIRCUMSTANCES		UNIT C.O.
LEAVE, DISABILITY PENSION (A51)	GIVE EFFECTIVE DATE. ATTACH MEDICAL REPORTS (COMPLETE REVERSE SIDE)		MEMBER, UNIT C.O., CHIEF POLICE SURGEON
LEAVE, MILITARY (ANNUAL ENCAMPMENT) (68)	GIVE DATES, ATTACH COPY OF OFFICIAL ORDERS (COMPLETE REVERSE SIDE)		MEMBER, UNIT C.O., AREA CHIEF OR DIV. C.O.
LEAVE, MILITARY—W/O PAY (62)	GIVE DATES, ATTACH COPY OF OFFICIAL ORDERS (COMPLETE REVERSE SIDE)		MEMBER, UNIT C.O., AREA CHIEF OR DIV. C.O.
LEAVE, OTHER (29 DAYS AND UNDER) (60)	GIVE EFFECTIVE DATE AND REASON (COMPLETE REVERSE SIDE)		MEMBER, UNIT C.O., AREA CHIEF OR DIV. C.O.
LEAVE, OTHER (30 DAYS AND OVER) (61)	GIVE EFFECTIVE DATE AND REASON (COMPLETE REVERSE SIDE)		MEMBER, UNIT C.O., AREA CHIEF OR DIV. C.O.
LEAVE, EXTENSION OF	GIVE DATES AND REASON (COMPLETE REVERSE SIDE)		MEMBER, UNIT C.O., AREA CHIEF OR DIV. C.O.
PERSONNEL REQUEST, ADDITIONAL CIVILIAN	GIVE BUDGET AUTHORIZATION, JOB TITLE, NUMBER REQUESTED AND REASON		UNIT C.O., DIV. C.O., DEP. SUPT.
RESIGNATION TO ACCEPT PENSION (B51)	GIVE DATE	AS SOON AS RESIGNATION IS ACTED ON BY THE COMMANDING OFFICER, THE COMMANDING OFFICER WILL NOTIFY THE INTERNAL AFFAIRS DIVISION & PAYROLL/BURIAL BY PAYMENT	MEMBER, UNIT C.O., AREA CHIEF OR DIV. C.O.
RESIGNATION—NO PENSION (D51)	GIVE DATE AND REASON		MEMBER, UNIT C.O., AREA CHIEF OR DIV. C.O.
SECONDARY EMPLOYMENT	COMPLETE SECONDARY EMPLOYMENT SECTION BELOW, SIGN AGREEMENT ON REVERSE SIDE		MEMBER, UNIT C.O., AREA CHIEF OR DIV. C.O.
NAME CHANGE (97, 98)	GIVE NEW NAME, IF OTHER THAN BY MARRIAGE, ATTACH VERIFICATION		MEMBER, UNIT C.O.
MARRIAGE LEAVE	GIVE DATES REQUESTED IN REMARKS SECTION		MEMBER, UNIT C.O.
SUMMARY PUNISHMENT	COMPLETE SUMMARY PUNISHMENT SECTION BELOW, SPECIFY TRANSGRESSION(S)		MEMBER, SUPERVISING OFFICER, UNIT C.O.
TRANSFER REQUEST	GIVE UNIT OF ASSIGNMENT REQUESTED & REASON, (FORWARD WRITE COPY DIRECTLY TO PERSONNEL DIVISION WITH ONLY MEMBER'S SIGNATURE)		MEMBER, UNIT C.O., AREA CHIEF OR DIV. C.O., DEP. SUPT.
LIMITED DUTY ASSIGNMENT	USE REMARKS SECTION		CHIEF POLICE SURGEON, DIV. OF PERSONNEL
RETURN TO FULL DUTY	GIVE CIRCUMSTANCES IN REMARKS SECTION		CHIEF POLICE SURGEON

SECONDARY EMPLOYMENT (SIGN AGREEMENT ON REVERSE SIDE)				
NAME OF FIRM OR BUSINESS	ADDRESS	TELEPHONE NO.		
FIRM'S PRODUCT OR SERVICE	HOURS PER DAY	DAYS PER WEEK	TOTAL HOURS PER WEEK	EXPECTED LENGTH OF JOB
DUTIES (BE SPECIFIC; USE REMARKS SECTION FOR ADDITIONAL SPACE)			(LEAVE BLANK) →	EXPIRATION DATE (IF APPROVED)

SUMMARY PUNISHMENT FOR LESS SERIOUS TRANSGRESSIONS			
DISCIPLINARY ACTION RECOMMENDED	RIGHT TO HEARING BEFORE COMPLAINT REVIEW PANEL		
<input type="checkbox"/> ONE DAY OFF WITHOUT PAY (A70)	<input type="checkbox"/> WORK ONE REGULAR RELIEF DAY WITHOUT COMPENSATION	<input type="checkbox"/> WORK TWO REGULAR RELIEF DAYS WITHOUT COMPENSATION	ONE BOX MUST BE CHECKED
			<input type="checkbox"/> MEMBER REQUESTS HEARING <input type="checkbox"/> MEMBER WAIVES RIGHT TO HEARING

REMARKS SECTION
REQUEST TO TERMINATE POSITION OF PATROL SPECIALIST AND ASSUME RANK OF PATROLMAN TO BECOME EFFECTIVE 2 JULY 77.

SIGNATURES	
SIGNATURE	SIGNATURE
RECOMMEND APPROVAL DISAPPROVAL REPORT ATTACHED	RECOMMEND APPROVAL DISAPPROVAL REPORT ATTACHED
FOR PERSONNEL DIVISION USE ONLY	
RECOMMEND APPROVAL DISAPPROVAL	SIGNATURE
APPROVED	DISAPPROVED

COMMENTS

I.A.D. CLEARANCE AS OF:

STATE OF ILLINOIS  
County of Cook  
CITY OF CHICAGO

STAR 5308

I, BRESEA VICTOR J. (PRINT) having been appointed to the

office of PROB. PATROLMAN

do solemnly swear that I will support the Constitution of the United States, and the Constitution of the State of Illinois, and that I will faithfully discharge the duties of the office of such, according to the best of my ability.

Subscribed and sworn to before me, this

9 day of Dec 19 68

[Redacted Notary Seal]

NOTARY PUBLIC

[Redacted Signature]

SIGNATURE

[Redacted Address]

ADDRESS

(PRINT)

My Commission Expires March 23, 1970



RICHARD J. DALEY, *Mayor*  
JAMES B. CONLISK, JR., *Superintendent*


10 May 1973

PERSONNEL ORDER NO. 73-96

The POLICE BLUE STAR AWARD is conferred upon PATROLMAN VICTOR BRESKA, Star 5325, 12th District, who on 10 March 1973, sustained a serious injury in the direct performance of police duty.

On 10 March 1973 at 0220 hours, Officer Victor Breska and his partner, while on patrol, heard three shots fired in the vicinity of 21st Place and Halsted. They turned the corner, where they saw two men crossing the street, and ordered them to stop. One suspect complied, but the second man fled with Officer Breska in pursuit.

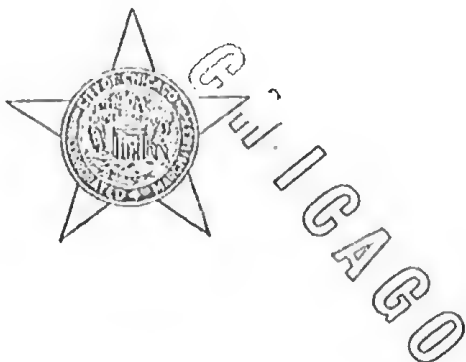
When the fleeing man, later identified as Apolonio Aleman, had run a short distance, he suddenly turned and fired two shots at Officer Breska, striking him in the lower right leg. Aleman was subsequently wounded by Officer Breska's partner and placed under arrest.



Superintendent of Police

DISTRIBUTION: A. To personnel concerned. To be read at roll calls where the personnel affected are assigned.

PERSONNEL ORDER NO. 73-96



RICHARD J. DALEY, Mayor  
JAMES B. CONLISK, JR., Superintendent

8 December 1972

Local Board No. 63  
1819 W. Pershing Road  
Selective Service System  
Chicago, Illinois

TO WHOM IT MAY CONCERN:

Re: Victor J. Breska  
SS# [REDACTED]

The purpose of this communication is to confirm that Mr. Victor J. Breska, [REDACTED] Selective Service No. 11-63-48-167, was sworn in as a probationary patrolman on 9 December 1968 in the service of the Police Department, City of Chicago. He is currently assigned to the 12th District, 100 S. Racine.

Sincerely,

[REDACTED]  
Robert D. Killian  
Staff Assistant  
Personnel Division

DATE \_\_\_\_\_

SUMMARY OF  
PROBATIONARY PATROLMAN'S EVALUATION

NAME BRESKA, Victor STAR 5308 GROUP 68 2AC

T.A. \_\_\_\_\_  
APPOINTED C.S. 9 DEC 68 ASSIGNED TO 012 DATE 23 FEB 69

TRAINING ACADEMY

GRADUATED \_\_\_\_\_ EXAM AVERAGE \_\_\_\_\_ GRP AVERAGE \_\_\_\_\_

FIELD TRAINING

WEEK IN FIELD

GOOD

ACCEPTABLE

UNSATISFACTORY

5th week

ITEMS

8th week

ITEMS

11th week

ITEMS

MEDICAL HISTORY

DAYS LOST \_\_\_\_\_

REASON \_\_\_\_\_

INTERNAL INVESTIGATION DIV.

C.R.# NONE

COMPLAINT: \_\_\_\_\_

DISCIPLINARY ACTION

RECOMMENDATION

ACCEPTABLE \_\_\_\_\_ TO BE REVIEWED BY DIRECTOR \_\_\_\_\_

COMMENT \_\_\_\_\_

CONTROLLING OFFICER  
RECRUIT PROCESSING SECTION



Recruit Processing Secti  
Personnel Division

Date 26 May 69

TO: DIRECTOR, Internal Investigation Division, B.I.S.  
CHIEF SURGEON, Medical Section, Personnel Division

FROM: Commanding Officer, Recruit Processing Section,  
Personnel Division

SUBJECT: Request for CONFIDENTIAL information concerning:

NAME BRESKA, Victor TITLE 1st Lt. 12018  
NUMBER 5308 PRESENT ASSIGNMENT 012

1. The Director of Personnel requires a pre-assignment investigation of the background of the person named above. The Recruit Processing Section, Personnel Division, will consolidate all information and report all findings as directed.

INTERNAL INVESTIGATION DIVISION

Record of ALL SUSTAINED COMPLAINTS:

Number \_\_\_\_\_ Complaint \_\_\_\_\_

Disciplinary Action None. No CR's pending as of 1 June 1969. /RG

Number \_\_\_\_\_ Complaint \_\_\_\_\_  
(Please use reverse side for additional report)


MEDICAL SECTION, PERSONNEL DIVISION

Medical History record:

Year	Year	Days Lost	Reason
1967	_____	_____	_____
1968	_____	_____	_____
1969	_____	_____	_____

(Please use reverse side for additional report)

DOES THE MEDICAL RECORD REVEAL ANY HISTORY OF A DELIBERATE ILLNESS  
OR INJURY? IF YES, PLEASE EXPLAIN.

  
Lieut. Robert Callahan  
C.O. Recruit Processing  
Personnel Division

Date 26 May 69

TO: DIRECTOR, Internal Investigation Division, B.I.S.  
CHIEF SURGEON, Medical Section, Personnel Division

FROM: Commanding Officer, Recruit Processing Section,  
Personnel Division

SUBJECT: Request for CONFIDENTIAL information concerning:  
NAME BRASKI, Victor TITLE PROB. 1. 1. 1. 1.

NUMBER 5308 PRESENT ASSIGNMENT 012

1. The Director of Personnel requires a pre-assignment investigation of the background of the person named above. The Recruit Processing Section, Personnel Division, will consolidate all information and report all findings as directed.

## INTERNAL INVESTIGATION DIVISION

Record of ALL SUSTAINED COMPLAINTS:

[illegible]

Disciplinary Action

Number \_\_\_\_\_ Complaint \_\_\_\_\_  
(Please use reverse side for additional report)

## MEDICAL SECTION, PERSONNEL DIVISION

Medical History record:

Year	Month	Days Lost	Reason
1941	1	1	Illness
1942	2	2	Illness
1943	3	3	Illness
1944	4	4	Illness
1945	5	5	Illness
1946	6	6	Illness
1947	7	7	Illness
1948	8	8	Illness
1949	9	9	Illness
1950	10	10	Illness
1951	11	11	Illness
1952	12	12	Illness
1953	1	1	Illness
1954	2	2	Illness
1955	3	3	Illness
1956	4	4	Illness
1957	5	5	Illness
1958	6	6	Illness
1959	7	7	Illness
1960	8	8	Illness
1961	9	9	Illness
1962	10	10	Illness
1963	11	11	Illness
1964	12	12	Illness
1965	1	1	Illness
1966	2	2	Illness
1967	3	3	Illness
1968	4	4	Illness
1969	5	5	Illness
1970	6	6	Illness
1971	7	7	Illness
1972	8	8	Illness
1973	9	9	Illness
1974	10	10	Illness
1975	11	11	Illness
1976	12	12	Illness
1977	1	1	Illness
1978	2	2	Illness
1979	3	3	Illness
1980	4	4	Illness
1981	5	5	Illness
1982	6	6	Illness
1983	7	7	Illness
1984	8	8	Illness
1985	9	9	Illness
1986	10	10	Illness
1987	11	11	Illness
1988	12	12	Illness
1989	1	1	Illness
1990	2	2	Illness
1991	3	3	Illness
1992	4	4	Illness
1993	5	5	Illness
1994	6	6	Illness
1995	7	7	Illness
1996	8	8	Illness
1997	9	9	Illness
1998	10	10	Illness
1999	11	11	Illness
2000	12	12	Illness
2001	1	1	Illness
2002	2	2	Illness
2003	3	3	Illness
2004	4	4	Illness
2005	5	5	Illness
2006	6	6	Illness
2007	7	7	Illness
2008	8	8	Illness
2009	9	9	Illness
2010	10	10	Illness
2011	11	11	Illness
2012	12	12	Illness
2013	1	1	Illness
2014	2	2	Illness
2015	3	3	Illness
2016	4	4	Illness
2017	5	5	Illness
2018	6	6	Illness
2019	7	7	Illness
2020	8	8	Illness
2021	9	9	Illness
2022	10	10	Illness
2023	11	11	Illness
2024	12	12	Illness

1967

1968

1969

(Please use reverse side for additional report)

DOES THE MEDICAL RECORD REVEAL ANY HISTORY OF A DELIBERATING ILLNESS OR INJURY? IF YES, PLEASE EXPLAIN.

Lieut. Robert Callahan  
C.O. Recruit Processing  
Personnel Division

# PROBATIONARY PATROLMAN'S PERFORMANCE EVALUATION

See reverse side for Explanation of Terms

15-APRIL-69

NAME (Last, First, Middle)

UNIT

STAR NO.

EMPLOYEE NO.

DATE OF CIVIL SERVICE EXAMINATION

UNIT

DATE ASSIGNED

FOR EVALUATION PERIOD ENDING

WEEK IN FIELD

8 December 1968

012

23 February 1969

20 April 1969

5th Week

CHECK ONE

GOOD

## PERFORMANCE TRAITS

TYPE OF DUTY PERFORMED

PATROL

COMMENTS AND REMARKS

Personal Neatness

Initiative

Ability to Learn and Apply from Experience and Training

Attitude Towards the Public

Attitude Towards Fellow Officers and Supervisors

Report Writing

Maintenance of Equipment

Punctuality and Attendance

Safety

Comment on Effectiveness in Street Patrol

REMARKS OF SUPERVISING OFFICER

NAME

STAR NO.

DATE

Forward this form to Watch Commander

FIELD EVALUATIONS

(To be filled out by Supervising Sergeant)

GUIDANCE SESSION REPORT

(To be filled out by Watch Commander)

REMARKS

NAME

STAR NO.

DATE

Forward this form to Unit Commander

☐ I recommend that the Probationary Patrolman be discharged.

REMARKS:

Retention Recommended.

UNIT COMMANDER

Unit Commander is to ensure that this form is completed by the Supervisors with the best knowledge of the probationer's work.

DATE

DATE DUE

22 Apr. '69

28 April 1969

Return this form to the Record Processing Section of the Personnel Division not later than the date due indicated.

## EXPLANATION OF TERMS

### FIELD EVALUATION SECTION

**TYPE OF DUTY PERFORMED:** Type of duty performed such as squadrol and car patrol duty while under the supervision of the rating supervising sergeant.

#### **PERFORMANCE TRAITS:**

1. **PERSONAL NEATNESS:** Uniform cleaned and pressed, shoes shined and in good repair, equipment displayed correctly, well groomed, physically clean, clean shaven, hair cut.
2. **INITIATIVE:** Does the patrolman have to be constantly supervised and told what to do? Does he take correct action to handle police situations?
3. **ABILITY TO LEARN AND APPLY FROM EXPERIENCE:** How many times does something have to be explained before the patrolman catches on? Does he learn rapidly? Does he profit from experience?
4. **ATTITUDE TOWARDS THE PUBLIC:** Is the patrolman tactful; is he fair; is he a gentleman? Respectful?
5. **ATTITUDE TOWARDS FELLOW OFFICERS:** Does he get along well with other men in the unit? Does he take orders? Does he comply cheerfully when ordered to do something?
6. **REPORT WRITING:** Are the patrolman's reports legible, complete, and prompt? Accurate?
7. **MAINTENANCE OF EQUIPMENT:** Does the patrolman keep his equipment, both personal and department, in good repair? Clean?
8. **PUNCTUALITY AND ATTENDANCE:** Is the patrolman late or absent? Can he be depended upon to keep his appointments punctually?
9. **SAFETY:** Is the patrolman a safe driver? Does he approach offenders safely? Does he handle his weapon safely? Does he observe precautions in maintaining custody of prisoners?

### GUIDANCE SESSION REPORT

The guidance session should not be conducted as an interrogation or lecture. The patrolman should be put at ease and invited to freely discuss and define any problem area he may encounter while making the adjustment to his new police career. Consider the possibility of outside influences, such as personal, domestic, or financial problems. Encourage him to arrive at his own solutions.

Use the Field Evaluation Section as a guide in conducting the guidance session.

# PROBATIONARY PATROLMAN'S PERFORMANCE EVALUATION

See reverse side for Explanation of Terms

DATE OF REPORT

11 May 1969

NAME (Last, First, Middle Initial)

(First)

(Last)

STAR NO.

EMPLOYEE NO.

DATE OF CIVIL SERVICE APPOINTMENT

BRESKA, Victor J.

DATE ASSIGNED

STAR NO. 5308

EMPLOYEE NO. [REDACTED]

9 Dec. 68

012

23 Feb. 69

FOR EVALUATION PERIOD ENDING 11 May 69

8th

CHECK ONE

GOOD ACCEPTABLE

## PERFORMANCE TRAITS

Personal Neatness

Initiative

Ability to Learn and Apply from Experience and Training

Attitude Towards the Public

Attitude Towards Fellow Officers and Supervisors

Report Writing

Maintenance of Equipment

Punctuality and Attendance

Safety

Comment on Effectiveness in Street Patrol

RANK

STAR NO.

DATE

Sgt.

863

11 May 69

Forward this form to Watch Commander

PREPARATION OF THE PATROLMAN

FIELD EVALUATIONS

(To be filled out by Supervising Sergeant)

GUIDANCE SESSION REPORT

(To be filled out by Watch Commander)

RANK

STAR NO.

DATE

Lieutenant

414

11 May 1969

Forward this form to Unit Commander

☐ I recommend that the Probationary Patrolman be discharged.

REMARKS:

Recommend Retention.

UNIT COMMANDER

Unit commander is to ensure that the rating form is completed by the Supervisors with the best knowledge of the probationer's work.

DATE

DATE

DATE DUE

Harold F. ENRIGHT, CO

12 May 69

19 May 69

Return this form to the Recruit Processing Section of the Personnel Division not later than the date due indicated

## EXPLANATION OF TERMS

### FIELD EVALUATION SECTION

**TYPE OF DUTY PERFORMED:** Type of duty performed such as squadrol and car patrol duty while under the supervision of the rating supervising sergeant.

#### **PERFORMANCE TRAITS:**

1. **PERSONAL NEATNESS:** Uniform cleaned and pressed, shoes shined and in good repair, equipment displayed correctly, well groomed, physically clean, clean shaven, hair cut.
2. **INITIATIVE:** Does the patrolman have to be constantly supervised and told what to do? Does he take correct action to handle police situations?
3. **ABILITY TO LEARN AND APPLY FROM EXPERIENCE:** How many times does something have to be explained before the patrolman catches on? Does he learn rapidly? Does he profit from experience?
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### GUIDANCE SESSION REPORT

The guidance session should not be conducted as an interrogation or lecture. The patrolman should be put at ease and invited to freely discuss and define any problem area he may encounter while making the adjustment to his new police career. Consider the possibility of outside influences, such as personal, domestic, or financial problems. Encourage him to arrive at his own solutions.

Use the Field Evaluation Section as a guide in conducting the guidance session.

DISTRICT NO. 640STATE OF ILLINOIS )  
COUNTY OF COOK ) SS:

I, Aurelia Pucinski, Clerk of the Circuit Court of Cook County, Illinois by virtue of the power and authority vested in me by the laws of the State of Illinois, hereby appoint VICTOR J. BRESKA

a Deputy Clerk of said Court and during the time he/she shall be such Deputy, I hereby authorize and empower him/her only to administer oaths in my name to persons who sign complaints for violations of laws, to execute subpoenas requiring the appearances of witnesses regarding said violations, take sworn statements from arresting officers under Section 11.501.1 of the Illinois Motor Vehicle Code, to administer oaths to persons who execute bail bonds as surety, and accept and file, on behalf of the Clerk, complaints for ordinance violations where no jail sentence could be imposed.

Given under my hand 11 Nov, 1996AURELIA PUCINSKI

Clerk of the Circuit Court of Cook County, Illinois

By [REDACTED] Deputy Clerk

The undersigned, having duly qualified as a Deputy Clerk of the Circuit Court of Cook County, Illinois, does hereby accept the appointment as a Deputy Clerk for the sole and only purpose of administering oaths to persons who sign complaints for violation of laws, to execute subpoenas requiring the appearances of witnesses regarding said violations, take sworn statements from arresting officers under Section 11.501.1 of the Illinois Motor Vehicle Code, to administer oaths to persons who execute bail bonds as surety, accept and file, on behalf of the Clerk, complaints for ordinance violations where no jail sentence could be imposed. The undersigned waives and will not claim additional compensation for serving in said limited capacity as a Deputy Clerk.

[REDACTED]  
Officer's SignatureCHICAGO POLICE

(By Whom Employed)

STATE OF ILLINOIS )  
COUNTY OF COOK ) SS:

I do solemnly swear that I will support the Constitution of the United States and the Constitution of the State of Illinois and that I will faithfully discharge the duties of the Office of a Deputy Clerk of the Circuit Court of Cook County, Illinois to the best of my ability.

[REDACTED]  
Officer's SignatureVICTOR J. BRESKA

Officer's Name (Please Print)

DETECTIVE

Officer's Rank

20439

Star No.

SIGNED AND SWORN to before me

11 Nov, 19 96AURELIA PUCINSKI

Clerk of the Circuit Court of Cook County, Illinois

By [REDACTED] Deputy Clerk

NAME (LAST) (FIRST) **BRESKA, VICTOR J.** (M.I.) STAR NO. **5325** EMPLOYEE NO. [REDACTED] SOCIAL SECURITY NO. [REDACTED] APPOINTMENT DATES **11 December 1968** ☐ SWORN ☐ CIVILIAN

HOME ADDRESS [REDACTED] ZIP CODE [REDACTED] PHONE NO. [REDACTED] SEX ☐ YEAR OF BIRTH DAY MONTH YEAR ☐ YES ☐ NO DATE OF NATURALIZATION [REDACTED] DIST. OF RES. [REDACTED]

HEIGHT [REDACTED] WEIGHT [REDACTED] COLOR HAIR [REDACTED] COLOR EYES [REDACTED] BLOOD TYPE [REDACTED]

MARITAL STATUS [REDACTED] NAME OF SPOUSE [REDACTED] BENEFICIARY ON INSURANCE [REDACTED]

PHYSICAL DISABILITIES [REDACTED] ☐ FULL DUTY ☐ LIGHT DUTY

EMERGENCY NOTIFICATION, IF DIFFERENT THAN ABOVE - NAME & PHONE NO. [REDACTED]

CIRCLE HIGHEST GRADE OF EDUCATION COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

EDUCATION	FROM (MONTH & YEAR)	TO (MONTH & YEAR)	GRADUATE
GRADE SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO
	MAJOR	MINOR	CREDIT HOURS
			DEGREE ATTAINED

[REDACTED SECTION]

PREVIOUS OCCUPATIONS	PROMOTIONS	SERGEANT	LIEUTENANT	CAPTAIN	OTHER	PERFORMANCE RATINGS					
						YEAR	JAN.-JUNE	JULY-DEC.	YEAR		
MAKE	SERIAL NO.	CAL.	BARREL LENGTH	ITEM	NUMBER	YEAR	JAN.-JUNE	JULY-DEC.	YEAR	JAN.-JUNE	JULY-DEC.
				HELMET <i>Buco</i>	<i>19233</i>	89					
				AEROSOL TEAR GAS WEAPON (HOLSTER TYPE)		<i>90</i>					
				LOCKER		<i>91</i>					
				<i>Supply Unit</i>	<i>11224404</i>	<i>93</i>					
						<i>94</i>					
						<i>95</i>					



[illegible]

100-11111-1000

5323

NUMBER 7766 RW 115-37

NAME (LAST)

(FIRST)

(M.I.)

STAR NO.

EMPLOYEE NO.

SOCIAL SECURITY NO.

APPOINTMENT DATE

Beesia

VICTOR

J.

5308

[REDACTED]

[REDACTED]

18 DEC 1968

HOME ADDRESS

PHONE NO.

SEX

MALE

YEAR

1948

[REDACTED]

[REDACTED]

HEIGHT

5'10"

WEIGHT

195

COLOR HAIR

BROWN

COLOR EYES

BLUE

PHYSICAL DISABILITIES

NONE

HELMET # 19233

MADE 68-30865

COURT KEY R-107-1436 206-1300

CIRCLE HIGHEST GRADE OF EDUCATION COMPLETED

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

12 Bu 27 H-Z

GRADE SCHOOL

HIGH SCHOOL

COLLEGE

FROM (MONTH & YEAR)

SEPT. 1953

TO (MONTH & YEAR)

JUNE 1962

SEPT. 1962

JUNE 1966

SEPT. 1966

JUNE 1968

EDUCATION

MILITARY

SERVICE

PROMOTIONS

PREVIOUS OCCUPATIONS

PROMOTIONS

FIREARMS

MAKE

SERIAL NO.

CAL

BARREL LENGTH

YEAR

JAN-JUNE

JULY-DEC

YEAR

JAN-JUNE

JULY-DEC

YEAR

JAN-JUNE

JULY-DEC

YEAR

JAN-JUNE

JULY-DEC

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CPD-11.179 (REV. 8/78)

PERSONNEL CARD / CHICAGO POLICE DEPARTMENT

UNIT COPY

FOID# 2550654

[illegible]

DATE	ORIGIN & NATURE
26 Aug 69	Honorable Mention - 12th District
23 Sept 69	Honorable Mention - 12th District
30 Dec 69	Honorable Mention - 12th District
5 Jan 70	Honorable Mention - 12th District
21 May 70	Honorable Mention - 12th District
20 July 70	Honorable Mention - 12th District
19 Oct. 70	Honorable Mention - 12th District
29 Oct. 70	Honorable Mention - 12th District
3 JAN 71	HONORABLE MENTION - 12TH DISTRICT
22 MAR 72	HONORABLE MENTION 12TH DISTRICT
10 JAN 72	HONORABLE MENTION 12TH DISTRICT
21 JAN 72	HONORABLE MENTION 12TH DISTRICT
22 NOV 72	" " 12TH DISTRICT

REASON & PENALTY

[illegible]

LEAVE RECORD	ANNUAL FURLOUGH PERIOD			LEAVE OF ABSENCE OTHER THAN ANNUAL FURLOUGH			
	YEAR	FROM	TO	YEAR	FROM	TO	REASON
	69	16 Oct	12 Nov	72	5th		
	70	12 Nov	1 Dec	83	5	5	
				84	6th	5	
				85	6th	5	
	73	1 Feb	28 Feb	87	7th	Period	
	74	10 Oct	6 Nov	88	6th	10th	
	75	1 MAY	29 MAY	89	5th	10th	
	76	2nd Period		90	5th	9th	
	77	3rd Period					
	78	2nd Period					
	79	5th Period					
	80	5th Period					
	81	30 APR	27 May				

[illegible]

## CHICAGO POLICE DEPARTMENT/Training Division

FINAL GRADE REPORT  
Recruit Training

LAST NAME	First Name	MI	Star #	Group	Date Appointed
Breska	Victor	J.	5308	68-2AC	9 Dec. 68
Homeroom Instructor			Star #	Rank	Date Graduated
B. T. O'Brien			2527	Pt Lmn	21 Feb. 69

Examination Average . . . . .		Test Score	Final Notebook Evaluation:  NONE
Group Examination Average . .		Otis --	
Firearms Proficiency . . . . .		AGCT --	
Group Firearms Proficiency . .		SRA Judg. ____%	
		M-G Crit. Thk. ____%	

Attendance: This student missed the following number of days for causes indicated:

\_\_\_Sickness \_\_\_Excused - No Pay \_\_\_Pay Off-Time Due \_\_\_Death in Family  
 \_\_\_Injured \_\_\_Suspended \_\_\_Military Leave \_\_\_Marriage  
 \_\_\_Sickness in Family Other: \_\_\_days -- Reason --

This recruit has the ADVANCEMENT POTENTIAL as noted below:



This recruit's greatest strengths and abilities appear to be:

This recruit's greatest weaknesses and shortcomings appear to be:



Signature of Rating Officer

APPROVED: Director of Training



## APPLICANT QUESTIONNAIRE/ CHICAGO POLICE

INSTRUCTIONS: Fill out this application completely and accurately. If your application is made out properly it may increase your chances of employment. All statements in your application are subject to verification. Incorrect statement (s) may bar or remove you from employment. If writing space provided is inadequate, use the continuation sheet at the end of this application and identify additional information by question number. Use the term 'DNA' ('does not apply') if the question does not apply.

POSITION APPLIED FOR

PROB. PTLMN.

1. NAME (LAST) <i>BRESKA</i>	(FIRST) <i>VICTOR</i>	(MIDDLE) <i>JOHN</i>	4. LIST ANY OTHER NAMES, ALIASES YOU HAVE USED, OR BEEN KNOWN BY (INCLUDE MAIDEN NAME, IF APPLICABLE.)			
[REDACTED]						
7. DATE OF BIRTH DAY MONTH YEAR [REDACTED]	8. PLACE OF BIRTH (CITY & STATE) <i>CHICAGO, ILL.</i>		9 SEX <i>M</i>	10 HEIGHT <i>5 FT 10 IN</i>	11 WT. <i>193</i>	12 AG. <i>20</i>
13. LIST ANY SCARS, BIRTHMARKS, BLEMISHES, DEFORMITIES, AMPUTATIONS, TATTOOS, ETC., THAT YOU MAY HAVE. [REDACTED]			13. COLOR OF EYES <i>BLUE</i>			
14. COLOR OF HAIR <i>BROWN</i>			15. IF "NATURALIZED", GIVE PARTICULARS			
16. ARE YOU A U.S. CITIZEN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			<input checked="" type="checkbox"/> NATIVE BORN <input type="checkbox"/> NATURALIZED			
17. LIST EVERY MEMBER OF YOUR IMMEDIATE FAMILY WHO IS STILL LIVING. INCLUDE FATHER, MOTHER, SISTERS & BROTHERS						
[REDACTED]						









EMPLOYMENT (CONTINUED)





## REFERENCES



# CONTINUATION SHEET

Indicate in the left hand column the number of the question you are answering, then complete your answer in the space provided.

QUESTION  
NUMBER

CONTINUATION OF ANSWER

SIGNATURE

[REDACTED SIGNATURE]

DATE

3 SEPT. 1968

**TO WHOM IT MAY CONCERN:**

I respectfully request that you forward to the Chicago Police Department any and all information that you may have concerning me, my work record, or my reputation. Also please give any information that may appear in my personnel file. This information is to be used to determine my qualifications and fitness for the position I am seeking with the Chicago Police Department.

I hereby release you and/or your employer from any liability and damage of whatsoever nature on account of furnishing the information requested above.

Signature

A black rectangular box redacting the signature.

Date

3 SEPT. 1968

EMPLOYMENT RECORDS ROUTING SLIP / CHICAGO POLICE  
PREPARE IN TRIPLICATE: BLUE COPY TO RECORDS & TRANSACTIONS SECTION  
"BY" TO FINANCE DIVISION (FORWARDED TO GRAPHIC ARTS  
"BY" TO IDENTIFICATION SECTION

SERIAL NO. (IF APPROVED)

NAME  
BRESKA Victor J.

STAR NO.  
7465 1

UNIT

NO. OF TAX EXEMPTIONS

MARRIED

SINGLE

STEP

DID YOU EVER WORK IN THE CITY SERVICE?

YES

NO

IF "YES" WHAT POSITION DID YOU HOLD?

1948 CHICAGO, ILL.  
POLICE CADET

TITLE CODE

BUDGET LINE

PAGE

ACTIVITY

LINE

SOCIAL SECURITY NUMBER

SEX

MARRITAL STATUS

COMMENTS:

ACTION INITIATED BY

(DATE)

EMPLOYMENT SECTION APPROVAL

(DATE)

TO BE COMPLETED ONLY FOR CIVIL SERVICE TRANSFERS IN & RE-INSTA-TMENTS

BY

ORIGINAL DATE OF APPOINTMENT

FURLOUGH DAYS TAKEN THIS YEAR

ACCUMULATED SICK TIME ENTITLEMENT

NET REDUCTIONS FROM DATE

CE CONTINUOUS

C. S. 10 & 11 DATE

BY

RECORD INDICATED BY APPLICANT

IDENTIFICATION CLEARANCE - ROOM 605

NAME CHECK RECORDS INQUIRY SECTION - ROOM 209

CHICAGO POLICE DEPARTMENT

ARREST - CIVIL SERVICE

NO RECORD

RECORDED BY 341

DATE

RECORD INDICATED BY APPLICANT

SECURITY CLEARANCE - ROOM 605

RECORD INDICATED BY APPLICANT

IDENTIFICATION CLEARANCE - ROOM 605

FINGERPRINTED LOCAL & F.B.I. AT IDENT. SECT.

IDENT. SECT.

LT. E. G. GIESE - IDENT. SECT.

RECORD INDICATED BY APPLICANT

IDENTIFICATION CLEARANCE - ROOM 605

FINGERPRINTED LOCAL & F.B.I. AT IDENT. SECT.

IDENT. SECT.

LT. E. G. GIESE - IDENT. SECT.

RECORD INDICATED BY APPLICANT

IDENTIFICATION CLEARANCE - ROOM 605

FINGERPRINTED LOCAL & F.B.I. AT IDENT. SECT.

IDENT. SECT.

LT. E. G. GIESE - IDENT. SECT.

Ref:

EDWARD J. BARRETT

COUNTY CLERK

BUREAU OF VITAL STATISTICS - 120 NORTH W. STREET  
CHICAGO 6, ILLINOIS

JUN 3 1965

100

100

FILL IN THIS FORM (except signature)  
WITH TYPEWRITER OR LEGIBLE PRINTING

1. PLACE OF BIRTH

Signature

STATE OF ILLINOIS  
Department of Public Health  
Division of Vital Statistics and Records

ORIGINAL

CERTIFICATE OF BIRTH



NAME (LAST)	(FIRST)	(MIDDLE)	SEX	RACE	YR. OF BIRTH
BRESKA	VICTOR	J.	M	W	1948
[REDACTED]			AGE	WEIGHT	HEIGHT
			20	123	5'10"

F.P. CLASS. 7 10 11

IMPRESSION TAKEN FOR

- ☐ DEPARTMENT PERSONNEL  
☐ SPECIAL POLICE  
☐ CITY EMPLOYEE  
☐ DEPUTY SHERIFF'S

- ☐ LIQUOR APPLICATION  
☐ COUNTY EMPLOYEE

(OTHER SPECIFY)

PROB. PTLMN.

REF. 23 April 1966 Appl. Cadet

CIVIL FINGERPRINT CARD

RIGHT HAND





# ENVELOPE FOR STUDENT'S RECORD

NAME BRESKA

VICTOR

CHICAGO, ILL. [REDACTED]

ADDRESS [REDACTED]

Room [REDACTED]

TEL. [REDACTED]

ADDRESS AT TIME OF LEAVING OR GRADUATION

TEL. [REDACTED]

DATE OF BIRTH [REDACTED] - 48

PLACE OF BIRTH

CHICAGO

BIRTH CERTIFICATE NO. OR SOURCE OF RECORD

FATHER OR GUARDIAN'S NAME [REDACTED]


MOTHER'S NAME [REDACTED]

no.	Days Absent	Times Fails	Sem.	Days Absent	Times Fails
1			5		
2			6		
3			7		

STUDENT'S ADDRESS [REDACTED]

Residency Affidavit

City of Chicago

Department POLICE Bureau OPERATION'S  
Name BRESKA, VICTOR J.  
Position title POLICE OFFICER  
Social security number 

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

My address is   
CHICAGO, ILL. (zip code) 60629

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

BY SIGNING THIS RESIDENCY AFFIDAVIT, I ACKNOWLEDGE AND REPRESENT THAT I HAVE FULLY READ AND UNDERSTAND BOTH THE FRONT AND REVERSE SIDES OF THIS RESIDENCY AFFIDAVIT, AND FURTHER CERTIFY THAT THE INFORMATION WHICH I HAVE PROVIDED HEREIN IS TRUE AND CORRECT.

Signed 

Date 5 Dec. 83

Complete and sign two copies.  
First copy to department file.  
Second copy to Department of Personnel.

(See reverse side.)

## City of Chicago Policy on Residency as a Condition of Employment

In order for a City employee to be most effective, he or she must identify with the needs and aspirations of the residents of the City of Chicago. This sense of identification can only be accomplished if the employee is, in fact, an actual resident of the City. As a City resident an employee participates directly in the activities of a neighborhood of the City. This participation and commitment is essential to the development of a strong sense of public service as it relates to the citizens of Chicago. It has been and will continue to be a requirement for City employment that all employees of the City, irrespective of status, shall be actual residents of the City of Chicago. This policy is stated in Section 25-30 of the Municipal Code of Chicago, the Rules of the Department of Personnel and other departmental rules or labor contracts governing particular classes of employees. It is essential that this policy be applied uniformly to all employees in all departments. It is the responsibility of every department head to ensure that this policy is carried out. A department head shall take immediate action for the discharge of any employee not in compliance with the requirement that he/she be an actual resident of the City of Chicago.

Any request for assistance in the implementation of this policy should be directed to the Commissioner of Personnel.

For your information, an opinion of the Corporation Counsel states in part: "...actual residence has been found to contemplate substantially the same attributes as are intended when the word 'domicile' is used, and a permanent and fixed character is intended."

"...an actual resident has been held to be one who is in a place with the intent to establish there his domicile or permanent residence."

The opinion goes on to say: "...the acquisition of a local address solely for the purpose of claiming it as a residence as a requirement of public employment must be viewed as a subterfuge designed to avoid the obvious objectives of the ordinance. What is required is that the employee actually dwell at the purported residence, not that he have a mailing address at which he may on occasion spend some minimal amount of time, while, for example, his family lives outside the city and his children attend schools outside of the city in which the employed parent purports to reside."

Most recently, the Illinois Supreme Court, in upholding the City's residency requirement, described actual residence as a person's "true, permanent home" and "principal residence [and] domicile."

(See reverse side.)

CITY OF CHICAGO

DEPARTMENT POLICE BUREAU OPERATIONAL SERVICES  
12TH DISTRICT  
NAME BRESNA, VICTOR J.  
POSITION TITLE PATROLMAN  
SOCIAL SECURITY NO. [REDACTED]

I understand and acknowledge that as a condition of employment with the City  
of Chicago I must be an actual resident of the City of Chicago.

My address is [REDACTED]

(zip code)

60632

I understand that the falsification of this statement of address shall constitute grounds  
for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately  
to my department head and to the Department of Personnel and that failure to provide such  
notification shall constitute grounds for discharge from the City Service.

Signed [REDACTED]

Date

11 MAY 1976

Complete and sign two copies.  
First copy to departmental file.  
Second copy to Department of Personnel.



(See Reverse Side)

C-1410-1 (5/76)

## CITY OF CHICAGO POLICY ON RESIDENCY AS A CONDITION OF EMPLOYMENT

In order for a City employee to be most effective he or she must identify with the needs and aspirations of the residents of the City of Chicago. This sense of identification can only be accomplished if the employee is, in fact, an actual resident of the City. As a City resident an employee participates directly in the activities of a neighborhood of the City. This participation and commitment is essential to the development of a strong sense of public service as it relates to the citizens of Chicago. It has been and will continue to be a requirement for City employment that all employees of the City, whether they are in exempt status, career service status or provisional status, shall be actual residents of the City of Chicago. This policy is stated in Section 25-30 of the Municipal Code of Chicago as well as in the Rules of the Department of Personnel. It is essential that this policy be applied uniformly to all employees in all departments. It is the responsibility of every department head to insure that this policy is carried out. A department head shall take immediate action for the discharge of any employee not in compliance with the requirement that they be actual residents of the City of Chicago.

Any request for assistance in the implementation of this policy should be directed to the Director of Personnel.

For your information a recent opinion of the Corporation Counsel states in part: "actual residence has been found to contemplate substantially the same attributes as are intended when the word 'domicile' is used, and a permanent and fixed character is intended."

".....an actual resident has been held to be one who is in a place with the intent to establish there his domicile or permanent residence."

The opinion goes on to say: ".....the acquisition of a local address solely for the purpose of claiming it as a residence as a requirement of public employment must be viewed as a subterfuge designed to avoid the obvious objectives of the ordinance. What is required is that the employee actually dwell at the purported residence, not that he have a mailing address at which he may on occasion spend some minimal amount of time, while, for example, his family lives outside the city and his children attend schools outside of the city in which the employed parent purports to reside."

CITY OF CHICAGO  
DEPARTMENT OF PERSONNEL  
EMPLOYEE CHANGE OF ADDRESS

DEPARTMENT POLICE BUREAU 12TH DISTRICT  
NAME BRESKA, Victor J.  
POSITION TITLE POLICE OFFICER  
SOCIAL SECURITY NUMBER [REDACTED]

I understand and acknowledge that as a condition of employment with  
the City of Chicago I must be an actual resident of the City of Chicago.

Old Address [REDACTED] (Zip Code) 60632  
New Address [REDACTED] (Zip Code) 60629  
Effective Date 5 MARCH 1978

I understand that the falsification of this statement of address  
shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address  
immediately to my department head and to the Department of Personnel and  
that failure to provide such notification shall constitute grounds for  
discharge from the City Service.



Signed [REDACTED]

Date 5 MARCH 1978

Complete and sign two copies.  
First copy to departmental file.  
Second copy to Department of Personnel.

(See Reverse Side)

Per-72



## CITY OF CHICAGO POLICY ON RESIDENCY AS A CONDITION OF EMPLOYMENT

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